HOUSE BILL 439

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CF SB 234

By: **The Speaker (By Request – Administration) and Delegates Nathan–Pulliam, Cardin, Cullison, Hammen, Hixson, Holmes, Howard, Hubbard, Lee, Mizeur, Morhaim, Pena–Melnyk, Ross, and V. Turner**

Introduced and read first time: February 1, 2012
Assigned to: Health and Government Operations

A BILL ENTITLED

AN ACT concerning

Maryland Health Improvement and Disparities Reduction Act of 2012

FOR the purpose of requiring the Secretary of Health and Mental Hygiene to designate certain areas as Health Enterprise Zones in a certain manner; specifying the purpose of establishing Health Enterprise Zones; requiring the Department, in consultation with the Community Health Resources Commission, to adopt certain regulations; authorizing certain nonprofit community–based organizations or local government agencies to apply to the Commission on behalf of certain areas for designation as Health Enterprise Zones; establishing certain procedures and requirements in connection with the application process; requiring the Commission to make certain recommendations to the Secretary; authorizing the Secretary to limit the number of areas designated as Health Enterprise Zones; requiring the Commission and Secretary to give priority to applications in a certain manner; authorizing certain licensed health care providers who practice in the Health Enterprise Zones to receive certain benefits; authorizing certain nonprofit community–based organizations or local government agencies to receive certain grants; requiring the Commission and the Department to submit certain annual reports; allowing a credit against the State income tax for certain health care providers who practice in Health Enterprise Zones under certain circumstances; allowing certain nonprofit community–based organizations or local government agencies to assign certain tax credits; requiring the Department to certify to the Comptroller the applicability of the credit for each health care provider and the amount of each credit assigned; limiting the amount of the credits allowed for a fiscal year; requiring the Department, in consultation with the Comptroller, to adopt certain regulations; requiring a certain evaluation system to establish and incorporate a certain set of measures regarding racial and ethnic variations in quality and outcomes and include certain information on certain actions taken relating to health disparities; requiring a certain community benefit

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
[Brackets**]** indicate matter deleted from existing law.

report to include certain information relating to health disparities; requiring certain institutions of higher education to make a certain annual report to the Governor and the General Assembly relating to health disparities; requiring the Health Services Cost Review Commission and the Maryland Health Care Commission to conduct a certain study and report to the Governor and General Assembly on or before a certain date; requiring the Maryland Health Quality and Cost Council to convene a certain workgroup and issue a certain report on or before a certain date; defining certain terms; providing for the application of certain provisions of this Act; providing for the termination of certain provisions of this Act; and generally relating to health improvement and the reduction of health disparities.

BY adding to
Article – Health – General
Section 20–904; and 20–1401 through 20–1406 to be under the new subtitle "Subtitle 14. Health Enterprise Zones"
Annotated Code of Maryland
(2009 Replacement Volume and 2011 Supplement)

BY adding to
Article – Tax – General
Section 10–731
Annotated Code of Maryland
(2010 Replacement Volume and 2011 Supplement)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 19–134(c) and 19–303(c)
Annotated Code of Maryland
(2009 Replacement Volume and 2011 Supplement)

Preamble

WHEREAS, The State of Maryland has numerous advantages for its residents to enjoy good health care, such as the 3rd highest median household income, the 2nd highest number of primary care physicians per capita, the 10th lowest rate of smoking, and outstanding medical schools; and

WHEREAS, Despite these advantages, the State continues to lag behind other states on a number of key health indicators, such as ranking 43rd in infant mortality, 31st in early prenatal care, 28th in obesity prevalence, 31st in diabetes prevalence, 35th in cardiovascular deaths, 32nd in cancer deaths, and 33rd for geographic health disparities; and

WHEREAS, The State also demonstrates significant disparities in health care and health outcomes; and

WHEREAS, Examples of these disparities include a Black or African American death rate from HIV/AIDS that is 15 times higher than the White rate; an American Indian or Alaska Native end–stage kidney disease rate that is 3 times the White rate; an Asian or Pacific Islander death rate from tuberculosis that is 9 times higher than the White rate, and Hispanic rate of lack of health insurance that is 4.4 times the White rate; and

WHEREAS, Health disparities are the result of modifiable health care system factors, community factors, and individual factors; and

WHEREAS, Key strategies for reducing and eliminating health disparities include collection and analysis of racial and ethnic data; inclusion of minority communities in health planning and outreach to those communities with health education and health services; cultural and linguistic health competency among service providers; diversity in the health care and public health workforce; access to primary care practitioners; and attention to the social determinants of health; and

WHEREAS, Health disparities present a serious fiscal challenge for our State and nation and result in significant costs; a 2009 report titled "The Economic Burden of Health and Equalities in the United States" released by the Joint Center for Political and Economic Studies found that between 2003 and 2006, the U.S. could have saved nearly $230 billion in direct medical care costs if racial and ethnic health disparities did not exist; and

WHEREAS, By 2045, over one–half of the U.S. population will be persons of color, and in order to reach health equity and stem the tide of rising health care costs, the State must take advantage of the tools provided by the federal Affordable Care Act to expand access, eliminate disparities, and make Maryland the healthiest state in the nation; and

WHEREAS, The Maryland Health Quality and Cost Council formed a workgroup to examine ways to reduce health disparities in the State; and

WHEREAS, The workgroup noted significant disparities between blacks and whites in Maryland in hospital admission rates measured by the federal Agency for Healthcare Research and Quality; and

WHEREAS, The workgroup found that these admission disparities were especially high for lung disease, cardiovascular disease, and diabetes; and

WHEREAS, The workgroup and the Maryland Health Quality and Cost Council recommended taking aggressive action to reduce health disparities in Maryland and improve the health of all Marylanders; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 14. HEALTH ENTERPRISE ZONES.

20–1401.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "AREA" MEANS A CONTIGUOUS GEOGRAPHIC AREA THAT:

(1) DEMONSTRATES MEASURABLE AND DOCUMENTED HEALTH DISPARITIES AND POOR HEALTH OUTCOMES; AND

(2) IS SMALL ENOUGH TO ALLOW FOR THE INCENTIVES OFFERED UNDER THIS SUBTITLE TO HAVE A SIGNIFICANT IMPACT ON IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH DISPARITIES.

(C) "COMMISSION" MEANS THE COMMUNITY HEALTH RESOURCES COMMISSION.

(D) "HEALTH ENTERPRISE ZONE" MEANS A CONTIGUOUS GEOGRAPHIC AREA THAT:

(1) DEMONSTRATES MEASURABLE AND DOCUMENTED HEALTH DISPARITIES AND POOR HEALTH OUTCOMES;

(2) IS SMALL ENOUGH TO ALLOW FOR THE INCENTIVES OFFERED UNDER THIS SUBTITLE TO HAVE A SIGNIFICANT IMPACT ON IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH DISPARITIES; AND

(3) IS DESIGNATED AS A HEALTH ENTERPRISE ZONE BY THE COMMISSION AND THE SECRETARY IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.

(E) "HEALTH ENTERPRISE ZONE PRACTITIONER" MEANS A LICENSED HEALTH CARE PROVIDER WHO PRACTICES AS A FAMILY PHYSICIAN, AN INTERNIST, A PEDIATRICIAN, AN OBSTETRICIAN, A GYNECOLOGIST, A GERIATRICIAN, A PSYCHIATRIST, A DENTIST, OR A PRIMARY CARE NURSE PRACTITIONER.

20–1402.

(A) THE PURPOSE OF ESTABLISHING HEALTH ENTERPRISE ZONES IS TO TARGET STATE RESOURCES TO REDUCE HEALTH DISPARITIES, IMPROVE HEALTH OUTCOMES, AND REDUCE HEALTH COSTS AND HOSPITAL READMISSIONS IN SPECIFIC AREAS OF THE STATE.

(B) THE DEPARTMENT, IN CONSULTATION WITH THE COMMISSION, SHALL ADOPT REGULATIONS TO CARRY OUT THE PROVISIONS OF THIS SUBTITLE AND TO SPECIFY ELIGIBILITY CRITERIA AND APPLICATION, APPROVAL, AND MONITORING PROCESSES FOR THE BENEFITS UNDER THIS SUBTITLE.

20–1403.

(A) IN ORDER FOR AN AREA TO RECEIVE DESIGNATION AS A HEALTH ENTERPRISE ZONE, A NONPROFIT COMMUNITY–BASED ORGANIZATION OR A LOCAL GOVERNMENT AGENCY SHALL APPLY TO THE COMMISSION ON BEHALF OF THE AREA TO RECEIVE DESIGNATION.

(B) THE APPLICATION SHALL BE IN THE FORM AND MANNER AND CONTAIN THE INFORMATION THAT THE COMMISSION AND THE SECRETARY REQUIRE.

(C) THE APPLICATION SHALL CONTAIN AN EFFECTIVE AND SUSTAINABLE PLAN TO REDUCE HEALTH DISPARITIES, REDUCE COSTS OR PRODUCE SAVINGS TO THE HEALTH CARE SYSTEM, AND IMPROVE HEALTH OUTCOMES, INCLUDING:

(1) A DESCRIPTION OF THE PLAN OF THE NONPROFIT COMMUNITY–BASED ORGANIZATION OR LOCAL GOVERNMENT AGENCY TO UTILIZE FUNDING AVAILABLE UNDER THIS SUBTITLE TO ADDRESS HEALTH CARE PROVIDER CAPACITY, IMPROVE HEALTH SERVICES DELIVERY, EFFECTUATE COMMUNITY IMPROVEMENTS, OR CONDUCT OUTREACH AND EDUCATION EFFORTS; AND

(2) A PROPOSAL TO USE FUNDING AVAILABLE UNDER THIS SUBTITLE TO PROVIDE FOR LOAN REPAYMENT INCENTIVES TO INDUCE HEALTH ENTERPRISE ZONE PRACTITIONERS TO PRACTICE IN THE AREA.

(D) THE APPLICATION MAY ALSO CONTAIN A PLAN TO UTILIZE OTHER BENEFITS, INCLUDING:

(1) TAX CREDITS AVAILABLE UNDER THIS SUBTITLE AND § 10–731 OF THE TAX – GENERAL ARTICLE TO ENCOURAGE HEALTH

ENTERPRISE ZONE PRACTITIONERS TO ESTABLISH OR EXPAND HEALTH CARE PRACTICES IN THE AREA; AND

(2) A PROPOSAL TO USE OTHER INCENTIVES OR MECHANISMS TO ADDRESS HEALTH DISPARITIES THAT FOCUS ON WAYS TO EXPAND ACCESS TO CARE, PROMOTE HIRING, AND REDUCE COSTS TO THE HEALTH CARE SYSTEM.

20–1404.

(A) THE COMMISSION SHALL MAKE RECOMMENDATIONS TO THE SECRETARY ON THE DESIGNATION OF HEALTH ENTERPRISE ZONES UNDER THIS SUBTITLE.

(B) THE SECRETARY SHALL DESIGNATE AREAS AS HEALTH ENTERPRISE ZONES IN ACCORDANCE WITH THIS SUBTITLE.

(C) THE SECRETARY MAY LIMIT THE NUMBER OF AREAS DESIGNATED AS HEALTH ENTERPRISE ZONES IN ACCORDANCE WITH THE STATE BUDGET.

(D) THE COMMISSION AND THE SECRETARY SHALL GIVE PRIORITY TO APPLICATIONS THAT DEMONSTRATE THE FOLLOWING:

(1) SUPPORT FROM KEY STAKEHOLDERS IN THE PUBLIC AND PRIVATE SECTORS, INCLUDING LOCAL GOVERNMENT;

(2) A PLAN FOR LONG–TERM FUNDING AND SUSTAINABILITY;

(3) INCLUSION OF SUPPORTING FUNDS FROM THE PRIVATE SECTOR;

(4) THE SUPPORT OF THE LOCAL HEALTH IMPROVEMENT COALITION;

(5) A PLAN FOR EVALUATION OF THE IMPACT OF DESIGNATION OF THE PROPOSED AREA AS A HEALTH ENTERPRISE ZONE; AND

(6) OTHER FACTORS THAT THE COMMISSION AND THE SECRETARY DETERMINE ARE APPROPRIATE TO DEMONSTRATE A COMMITMENT TO REDUCE DISPARITIES AND IMPROVE HEALTH OUTCOMES.

(E) THE DECISION OF THE SECRETARY TO DESIGNATE AN AREA AS A HEALTH ENTERPRISE ZONE IS FINAL.

20–1405.

(A) HEALTH ENTERPRISE ZONE PRACTITIONERS THAT PRACTICE IN A HEALTH ENTERPRISE ZONE MAY RECEIVE:

(1) TAX CREDITS AGAINST THE STATE INCOME TAX AS PROVIDED IN § 10–731 OF THE TAX – GENERAL ARTICLE;

(2) LOAN REPAYMENT ASSISTANCE, AS PROVIDED FOR IN THE APPLICATION FOR DESIGNATION FOR THE HEALTH ENTERPRISE ZONE AND APPROVED BY THE SECRETARY AND THE COMMISSION UNDER THIS SUBTITLE;

(3) PRIORITY TO ENTER THE MARYLAND PATIENT CENTERED MEDICAL HOME PROGRAM, IF THE HEALTH ENTERPRISE ZONE PRACTITIONER MEETS THE STANDARDS DEVELOPED BY THE MARYLAND HEALTH CARE COMMISSION FOR ENTRY INTO THE PROGRAM; AND

(4) PRIORITY FOR THE RECEIPT OF ANY STATE FUNDING AVAILABLE FOR ELECTRONIC HEALTH RECORDS, IF FEASIBLE AND IF OTHER STANDARDS FOR RECEIPT OF THE FUNDING ARE MET.

(B) A NONPROFIT COMMUNITY–BASED ORGANIZATION OR A LOCAL GOVERNMENT AGENCY THAT APPLIES ON BEHALF OF AN AREA FOR DESIGNATION AS A HEALTH ENTERPRISE ZONE MAY RECEIVE GRANTS, AS DETERMINED BY THE COMMISSION AND THE SECRETARY, TO IMPLEMENT ACTIONS OUTLINED IN THE ORGANIZATION'S OR AGENCY'S APPLICATION TO IMPROVE HEALTH OUTCOMES AND REDUCE HEALTH DISPARITIES IN THE HEALTH ENTERPRISE ZONE.

20–1406.

ON OR BEFORE DECEMBER 15 OF EACH YEAR, THE COMMISSION AND THE DEPARTMENT SHALL SUBMIT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, A REPORT THAT INCLUDES:

(1) THE NUMBER AND TYPES OF INCENTIVES GRANTED IN EACH HEALTH ENTERPRISE ZONE;

(2) ANY EVIDENCE OF THE SUCCESS OF THE TAX AND LOAN REPAYMENT INCENTIVES IN ATTRACTING HEALTH ENTERPRISE ZONE PRACTITIONERS TO HEALTH ENTERPRISE ZONES;

(3) ANY EVIDENCE OF THE SUCCESS OF THE INCENTIVES OFFERED IN HEALTH ENTERPRISE ZONES IN REDUCING HEALTH DISPARITIES AND IMPROVING HEALTH OUTCOMES; AND

(4) ANY EVIDENCE OF THE SUCCESS IN REDUCING HEALTH COSTS AND HOSPITAL READMISSIONS IN HEALTH ENTERPRISE ZONES.

Article – Tax – General

10–731.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "DEPARTMENT" MEANS THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

(3) "HEALTH ENTERPRISE ZONE" HAS THE MEANING STATED IN § 20–1401 OF THE HEALTH – GENERAL ARTICLE.

(4) "HEALTH ENTERPRISE ZONE PRACTITIONER" HAS THE MEANING STATED IN § 20–1401 OF THE HEALTH – GENERAL ARTICLE.

(B) A HEALTH ENTERPRISE ZONE PRACTITIONER WHO PRACTICES HEALTH CARE IN A HEALTH ENTERPRISE ZONE MAY BE ELIGIBLE FOR A TAX CREDIT AGAINST THE STATE INCOME TAX IN ACCORDANCE WITH A PROPOSAL APPROVED BY THE SECRETARY OF HEALTH AND MENTAL HYGIENE, IF THE INDIVIDUAL:

(1) DEMONSTRATES COMPETENCY IN CULTURAL, LINGUISTIC, AND HEALTH LITERACY IN A MANNER DETERMINED BY THE DEPARTMENT;

(2) ACCEPTS AND PROVIDES CARE FOR PATIENTS ENROLLED IN THE MARYLAND MEDICAL ASSISTANCE PROGRAM; AND

(3) MEETS ANY OTHER CRITERIA ESTABLISHED BY THE DEPARTMENT.

(C) (1) A NONPROFIT COMMUNITY–BASED ORGANIZATION OR A LOCAL GOVERNMENT AGENCY MAY SUBMIT A PROPOSAL TO THE DEPARTMENT AND THE COMMUNITY HEALTH RESOURCES COMMISSION UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH – GENERAL ARTICLE REQUESTING AN ALLOCATION OF TAX CREDITS AGAINST THE STATE INCOME TAX FOR USE BY

HEALTH ENTERPRISE ZONE PRACTITIONERS PRACTICING OR SEEKING TO PRACTICE IN A HEALTH ENTERPRISE ZONE.

(2) THE PROPOSAL SHALL MEET THE REQUIREMENTS SPECIFIED UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH – GENERAL ARTICLE.

(D) IF THE DEPARTMENT APPROVES A PROPOSAL SUBMITTED UNDER THIS SECTION AND UNDER TITLE 20, SUBTITLE 14 OF THE HEALTH – GENERAL ARTICLE, THE NONPROFIT COMMUNITY–BASED ORGANIZATION OR LOCAL GOVERNMENT AGENCY THAT SUBMITTED THE PROPOSAL MAY ASSIGN THE TAX CREDIT AMOUNTS ALLOCATED TO THE HEALTH ENTERPRISE ZONE FOR A TAXABLE YEAR TO HEALTH ENTERPRISE ZONE PRACTITIONERS THAT ESTABLISH, EXPAND, OR MAINTAIN HEALTH CARE PRACTICES IN THE HEALTH ENTERPRISE ZONE DURING THE TAXABLE YEAR AND MEET THE REQUIREMENTS OF THIS SECTION.

(E) A HEALTH ENTERPRISE ZONE PRACTITIONER MAY CLAIM A CREDIT AGAINST THE STATE INCOME TAX IN AN AMOUNT EQUAL TO THE AMOUNT OF THE TAX CREDIT ASSIGNED BY THE NONPROFIT COMMUNITY–BASED ORGANIZATION OR LOCAL GOVERNMENT AGENCY, AS CERTIFIED BY THE DEPARTMENT, FOR THE TAXABLE YEAR.

(F) THE DEPARTMENT SHALL CERTIFY TO THE COMPTROLLER THE APPLICABILITY OF THE CREDIT PROVIDED UNDER THIS SECTION FOR EACH HEALTH ENTERPRISE ZONE PRACTITIONER AND THE AMOUNT OF EACH CREDIT ASSIGNED TO A HEALTH ENTERPRISE ZONE PRACTITIONER.

(G) THE CREDITS ALLOWED UNDER THIS SECTION FOR A FISCAL YEAR MAY NOT EXCEED THE AMOUNT PROVIDED FOR IN THE STATE BUDGET FOR THAT FISCAL YEAR.

(H) THE DEPARTMENT, IN CONSULTATION WITH THE COMPTROLLER, SHALL ADOPT REGULATIONS TO IMPLEMENT THE TAX CREDIT UNDER THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

19–134.

(c) (1) The Commission shall:

(i) Establish and implement a system to comparatively evaluate the quality of care and performance of categories of health benefit plans as determined by the Commission on an objective basis; and

(ii) Annually publish the summary findings of the evaluation.

(2) The purpose of the evaluation system established under this subsection is to assist carriers to improve care by establishing a common set of quality and performance measurements and disseminating the findings to carriers and other interested parties.

(3) The system, where appropriate, shall:

(i) Solicit performance information from enrollees of health benefit plans; **[**and**]**

(ii) **[**On or before October 1, 2007, to the extent feasible, incorporate racial and ethnic variations**]** **ESTABLISH AND INCORPORATE A STANDARD SET OF MEASURES REGARDING RACIAL AND ETHNIC VARIATIONS IN QUALITY AND OUTCOMES; AND**

(III) INCLUDE INFORMATION ON THE ACTIONS TAKEN BY CARRIERS TO TRACK AND REDUCE HEALTH DISPARITIES, INCLUDING WHETHER THE HEALTH BENEFIT PLAN PROVIDES CULTURALLY APPROPRIATE EDUCATIONAL MATERIALS FOR ITS MEMBERS.

(4) (i) The Commission shall adopt regulations to establish the system of evaluation provided under this subsection.

(ii) Before adopting regulations to implement an evaluation system under this subsection, the Commission shall consider recommendations of nationally recognized organizations that are involved in quality of care and performance measurement.

(5) The Commission may contract with a private, nonprofit entity to implement the system required under this subsection provided that the entity is not an insurer.

(6) The annual evaluation summary required under paragraph (1) of this subsection shall include to the extent feasible information on racial and ethnic variations.

19–303.

(c) (1) Each nonprofit hospital shall submit an annual community benefit report to the Health Services Cost Review Commission detailing the community benefits provided by the hospital during the preceding year.

(2) The community benefit report shall include:

(i) The mission statement of the hospital;

(ii) A list of the initiatives that were undertaken by the hospital;

(iii) The cost to the hospital of each community benefit initiative;

(iv) The objectives of each community benefit initiative;

(v) A description of efforts taken to evaluate the effectiveness of each community benefit initiative; **[**and**]**

(vi) A description of gaps in the availability of specialist providers to serve the uninsured in the hospital**; AND**

(VII) A DESCRIPTION OF THE HOSPITAL'S EFFORTS TO TRACK AND REDUCE HEALTH DISPARITIES IN THE COMMUNITY THAT THE HOSPITAL SERVES, IN THE FORM SET BY THE DEPARTMENT BY REGULATION.

20–904.

(A) ON OR BEFORE DECEMBER 1 OF EACH YEAR, EACH INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF HEALTH CARE PROFESSIONALS IN THE STATE SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIONS TAKEN BY THE INSTITUTION TO REDUCE HEALTH DISPARITIES.

(B) THE DEPARTMENT MAY SET STANDARDS FOR THE FORM OF THE REPORT REQUIRED UNDER THIS SECTION.

SECTION 3. AND BE IT FURTHER ENACTED, That the Health Services Cost Review Commission and the Maryland Health Care Commission shall:

(1) Study the feasibility of including racial and ethnic performance data tracking in quality incentive programs;

(2) Report to the General Assembly on or before January 1, 2013, data by race and ethnicity in quality incentive programs where feasible; and

(3) Submit a report on or before January 1, 2013, to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly that explains when data cannot be reported by race and ethnicity and describes any necessary changes to overcome those limitations.

SECTION 4. AND BE IT FURTHER ENACTED, That the Maryland Health Quality and Cost Council shall:

(1) Convene a workgroup to examine appropriate standards for cultural and linguistic competency for medical and behavioral health treatment and the feasibility and desirability of incorporating these standards into reporting by health care providers and tiering of reimbursement rates by payors; and

(2) Submit a report to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly on or before January 1, 2013, on its findings and recommendations.

SECTION 5. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall be applicable to all taxable years beginning after December 31, 2012, but before January 1, 2016.

SECTION 6. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect July 1, 2012. It shall remain effective for a period of 4 years and, at the end of June 30, 2016, with no further action required by the General Assembly, Section 1 of this Act shall be abrogated and of no further force and effect.

SECTION 7. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect on October 1, 2012.

SECTION 8. AND BE IT FURTHER ENACTED, That, except as provided in Sections 6 and 7 of this Act, this Act shall take effect July 1, 2012.